

VENDOR FORM

For New Vendors & Current Vendor Updates

Special Instructions: (PLEASE PRINT CLEARLY)

Return this form to:

All fields w/ * must be completed for processing.**Only one name/vendor per form.****Check One Below:**

New Vendor	Address Change	Multi Address	Name Change	Contact Update	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number*

Individual or Sole Proprietor

S

Business name in "DBA" field below.

OR**Please fill in ONE.**

Federal Taxpayer ID Number*

Corporation

E

Business name in "Name" field below.

This form will affect all transactions with ALL state agencies.**NEW:*****Remit to Address:** (Individual or Business Name)

Name*
DBA or C/O
Address*
Telephone *

OLD:

Name
DBA or C/O
Address
Telephone

<input type="text"/>	Is this the same name on your Social Security card?
<input type="text"/>	If not, have you told Social Security about your name change?

Acct #:	<input type="text"/>
Provider #	<input type="text"/>

Signature*

Contact Name

Print Name or Title

Accounts Receivable Contact Name

Date* (within 3 months)

Phone if Different or for Contact Information

Vendor Indicators: Enter Y (Yes) For All Categories Listed Below That Apply To This Vendor

Dealer:	<input type="text"/>	Manufacturer:	<input type="text"/>	Factory Rep:	<input type="text"/>
Jobber:	<input type="text"/>	Retailer:	<input type="text"/>	Commodity:	<input type="text"/>
Individual:	<input type="text"/>	Partnership:	<input type="text"/>	Incorporated:	<input type="text"/>
Minority:	<input type="text"/>	Small Business:	<input type="text"/>	In-State:	<input type="text"/>

Information on State Agency Submitting Vendor Form

State Agency* & SHS #

Contact Person Name & Title*

Telephone*

Send to:**Bureau of Accounts & Control, 14 State House Station, Augusta, ME 04333-0014 ATTN: Vendor Update**

Instructions for Vendor Form

Print Clearly on the form

Print Clearly

Print Clearly on the form

Fill in all fields with an asterisk (*) at the minimum.

Please mail to Agency who has requested info. If none, send to address at bottom of form. Do not fax unless told to do so.

<u>FIELDS</u>	<u>INFO NEEDED FOR FIELD</u>
Social Security Number*	Individuals, individuals "doing business as", and individuals without a Federal Taxpayer ID #
Federal Taxpayer ID	Businesses or professionals providing services. (ID # needs to be use for REMITTANCE purposes.)
New*	Current Information
Old	Old information (If another ID# had been used please put it next to "OLD")
Name*	Individual's Name or Business Name
DBA or C/O	"Doing business as" or "In Care Of"
Address*	REMITTANCE ADDRESS - Street Address OR PO Box (one or the other)
Tel #*	Phone Number of individual or business
Signature*	Individual or authorized representative of individual or authorized representative of the business
Date*	Current Date (no more than 3 months old)
Contact Name	Contact person at business
Act Rec Contact Name	Contact person at business for accounts receivables.
Phone #	Phone for Act Rec Contact
Vendor Indicators	Indicate all that apply for the vendor, as needed
<i>Agency Info*</i>	<i>For Agency personnel submitting the form. Contact info incase of questions.</i>